PTO/SB/06 (08-03)
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to a collection of information unless it displays a valid OMB control number.

{	Und	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number		
	,,,		CLAIMS AS	LAIMS AS FILED - PART I			SMALL E	ENTITY	OR	OTHER SMALL	R THAN
				(Column 1)		(Column 2)		T	1	DATE	FEE
	BASI	FOR C FEE	NUMBE	R FILED	NUMBE	R EXTRA	RATE	FEE		RATE_	
	(37 0	FR 1.16(a))						<u>s</u>	OR		\$
	(37 0	FR 1.16(c))		minus 20	= •		× \$=		OR	× \$=	
		FR 1.16(b))	<u> </u>	minus 3	<u> </u>		x \$=		OR	× \$=	
	MUL	TIPLE DEPENDEN	IT CLAIM PRESEN	т (3	7 CFR 1.16(d))		+ \$=	<u> </u>	OR	+s=	
	• If t	ne difference in co	olumn 1 is less that	n 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	
		CL	AIMS AS AME	ENDED	– PART II				OTHE	THAN	
•			(Column 1)	Column 1)		(Column 3)	SMALL	ENTITY	OR 7		R THAN ENTITY
pre-andt filed 4904	NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Clad	ME	Total (37 CFR 1.16(c))	. 5	Minus	20	[*] (x s=		OR	x s=	
fired	ENDMENT	Independent (37 CFR 1.16(b))	.]	Minus	A	= (x \$=		OR	x \$=	
4.9.04	AM		ATION OF MULTIPLE	DEPENDE	ENT CLAIM (37 CF	R 1.16(d))	+s =		OR	+ \$=	
1		TROTTREGER	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE					
	ADD ET CE										
	_	T T	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)			7		100
· : :	ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
:	M	Total (37 CFR 1,16(c))	•	Minus	••	=	x \$=		OR	x s=	
	ENDME	Independent (OF CFR 1,16(bl)	•	Minus	•••	=	x \$=	-	OR	X \$=	
•	AM	FIRST PRESENT	ATION OF MULTIPLE	ON OF MULTIPLE DEPENDENT CLAIM (37 CFR		R 1.16(d))	+ \$=		OR	+ \$=	
									OR	TOTAL ADD'L FEE	
			(Column 1)		(Column 2)	(Column 3)			7		
	OF		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	MEN	Total (87 CFR 1.56(6))	*	Minus	**	=	x \$=		OR	x \$=	
	ENDIM	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$=		OR	x \$=	
i	AME		ATION OF MILITIM	E DEDEND	ENT CLAIM (37 CF	FR 1.16(d))	+ \$ =		OR	+ \$ =	
	 	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	TOTAL ADD'L FEE	
		* If the entry in o	olumn 1 is less tha	an the enti	ry in column 2, wri	te "0" in column	ADD'L FEE	<u> </u>	」 ∵``		
	* if the entry in column 1 is less than the entry in column 2, write "0" in column 3. * if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2u, enter 2u".
"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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